Susan W. Brooks
Fifth District, Indiana

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Energy and Commerce

Health

Communications and Technology

Oversight and Investigations

Ethics

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Authorization in Accordance with the 1974 Privacy Act

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Social Security #: _____ Receipt, Locator, ID or Other Case #: _____

Are you represented by an attorney in this matter? Yes/No (circle one)

If Yes, Attorney Name: _____ Attorney Phone#:_____

Have you contacted another elected official about this matter? Yes/No (circle one) If Yes, who? _____

Please describe the specific information you are requesting or the exact nature of the problem you are experiencing. Send copies of any relevant information (**DO NOT SEND ORIGINALS**). Please include what agency you are working with and indicate if you have a representative working for you. Use extra paper if necessary.

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THE PRIVACY ACT OF 1974 PROHIBITS THE GOVERNMENT FROM REVEALING ANY INFORMATION FROM PERSONAL FILES OF INDIVIDUALS WITHOUT THE EXPRESS PERMISSION OF THE PERSON INVOLVED. DISCLOSURE OF PERSONAL RECORDS TO A MEMBER OF CONGRESS WHO IS ACTING ON BEHALF OF THE CONSTITUENT IS PROHIBITED, UNLESS THE INDIVIDUAL TO WHOM THE RECORD PERTAINS HAS CONSENTED.

I, the undersigned, hereby authorize the office of U.S. Representative Susan W. Brooks to receive information in my file pertinent to her inquiry on my behalf.

SIGNATURE: _____ Date: _____

☐ I would like to receive e-newsletters and other important information from Congresswoman Brooks.